

MAR -1 2011

BY: PC**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE



Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Mendoza		Tony	

**1. Office, Agency, or Court**

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

56th Assembly District

Your Position

Member of the California State Assembly

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☒ State☐ Judge (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 10☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☒ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that the information and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/11  
(month, day, year)

Signature \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tony Mendoza</u>

► STREET ADDRESS OR PRECISE LOCATION  
11857 Arkansas Avenue  
CITY  
Artesia, CA 90701

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
ACQUIRED                      DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ Other  
Yrs. remaining                      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Freddy Scott

► STREET ADDRESS OR PRECISE LOCATION  
370 Soaring Hawk Lane  
CITY  
Sacramento, CA 95833

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
ACQUIRED                      DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ Other  
Yrs. remaining                      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Ira Ruskin                      Kevin de Leon  
Angelica Tellechea

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_  
INTEREST RATE                      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_  
HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_  
INTEREST RATE                      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_  
HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Tony Mendoza</div>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Shura Moreno

ADDRESS (Business Address Acceptable)

605 E. Badillo Street, #300, Covina, CA 91723

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☒ Sale of Property  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Beatriz Ricartti

ADDRESS (Business Address Acceptable)

101 W. Fifth Street, Los Angeles, CA 90013

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☒ Sale of Property  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tony Mendoza</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Michelle Groom

ADDRESS (Business Address Acceptable)

12157 St. Tropez, Cerritos, CA 90703

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☒ Sale of Property

(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☐ Sale of

(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other

(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Sony mendonza</u>
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► NAME OF SOURCE  
Specialty Equipment Market Association  
 ADDRESS (Business Address Acceptable)  
1317 F Street, NW #500, Washington, DC 20004  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Automotive source for research, data, etc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 03 / 10</u>	<u>\$ 65.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Shun Yun Performing Arts  
 ADDRESS (Business Address Acceptable)  
9550 Flair Drive, #112, El Monte, CA 91731  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 06 / 10</u>	<u>\$ 198.00</u>	<u>Concert Tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
California BioMedical Industry  
 ADDRESS (Business Address Acceptable)  
1020 Prospect Street, #310, La Jolla 92037  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 205.30</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
California Issues Reform  
 ADDRESS (Business Address Acceptable)  
1717 I Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
New Moderate Democrats

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 21 / 10</u>	<u>\$ 105.34</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
City of Los Angeles  
 ADDRESS (Business Address Acceptable)  
1400 K Street, #208, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 31 / 10</u>	<u>\$ 310.00</u>	<u>Annual airport parking</u>
<u>  /  /  </u>	<u>\$</u>	<u>and shuttle costs</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
City of Anaheim  
 ADDRESS (Business Address Acceptable)  
200 S. Anaheim Blvd., Anaheim, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 10</u>	<u>\$ 400.00</u>	<u>baseball game tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Tony Mendoza</u>
--

► NAME OF SOURCE  
California Tribal Business Alliance

ADDRESS (Business Address Acceptable)  
1530 J Street, #250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 12 / 10</u>	\$ <u>92.68</u>	<u>Reception</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Consumer Attorneys

ADDRESS (Business Address Acceptable)  
800 W. Sixth Street, #700, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 10</u>	\$ <u>110.00</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
State Farm Insurance

ADDRESS (Business Address Acceptable)  
1201 K Street, #920, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 10</u>	\$ <u>80.48</u>	<u>Reception</u>
<u>07 / 12 / 10</u>	\$ <u>290.00</u>	<u>Baseball Tickets</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Southern California LEAD Foundation

ADDRESS (Business Address Acceptable)  
C/O Durkee & Assoc, 1212 S. Victory Blvd, Burbank

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-Profit Youth Leadership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 19 / 10</u>	\$ <u>150.00</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Southern California Edison

ADDRESS (Business Address Acceptable)  
1201 K Street, #1810, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 10</u>	\$ <u>194.00</u>	<u>Basketball game ticket</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Minorities in Law Enforcement

ADDRESS (Business Address Acceptable)  
925 L Street, #1500, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	\$ <u>395.00</u>	<u>Golf</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Lony Mendosa</u>
--

► NAME OF SOURCE  
Governor's Cup Foundation  
 ADDRESS (Business Address Acceptable)  
1415 L Street, #410, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Policy Research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 60.00</u>	<u>Lunch*</u>
<u>07 / 23 / 10</u>	<u>\$ 351.00</u>	<u>Reception*</u>
<u>07 / 24 / 10</u>	<u>\$ 60.00</u>	<u>Breakfast*</u>

► NAME OF SOURCE  
California Correctional Peace Officers Association  
 ADDRESS (Business Address Acceptable)  
755 Riverside Dr., West Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Corrections

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 100.00</u>	<u>Golf Bag</u>
<u>07 / 24 / 10</u>	<u>\$ 121.00</u>	<u>2- Golf Irons</u>
<u>07 / 24 / 10</u>	<u>\$ 55.00</u>	<u>US Open Blanket</u>

► NAME OF SOURCE  
Lily, USA  
 ADDRESS (Business Address Acceptable)  
1215 K Street., #1500, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Medical Supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 363.00</u>	<u>6- Golf Irons</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
Governor's Cup Foundation  
 ADDRESS (Business Address Acceptable)  
1415 L Street, #410, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Policy research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 182.00</u>	<u>Reception*</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
California Correctional Peace Officers Association  
 ADDRESS (Business Address Acceptable)  
755 Riverside Dr., West Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Corrections

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 50.00</u>	<u>Spa Bag</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
Coalition for a Safer California  
 ADDRESS (Business Address Acceptable)  
1020 12th Street, #408, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 115.00</u>	<u>US Open Jacket</u>
<u>07 / 24 / 15</u>	<u>\$ 150.00</u>	<u>US Open Gift Box</u>
<u>07 / 24 / 10</u>	<u>\$ 25.00</u>	<u>Golf Glove</u>

Comments: \* Not subject to annual gift limit due to participation in a Panel Discussion, pursuant to Government Code  
Section 89506

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Tony Mendoza

► NAME OF SOURCE  
Coalition for a Safer California

ADDRESS (Business Address Acceptable)  
1020 12th Street, #408, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	\$ <u>60.00</u>	<u>Wine</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Cedar Fair Entertainment Company

ADDRESS (Business Address Acceptable)  
One Cedar Point Drive, Sandusky, OH 44870-5259

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment/Amusement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 26 / 10</u>	\$ <u>240.00</u>	<u>2 - Annual Theme</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>Park Passes</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Knott's Berry Farm

ADDRESS (Business Address Acceptable)  
8039 Beach Blvd, Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Amusement/Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 24 / 10</u>	\$ <u>112.00</u>	<u>2 - Admission Tickets</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
California Democratic Party

ADDRESS (Business Address Acceptable)  
1401 21st Street, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 10</u>	\$ <u>84.80</u>	<u>Reception</u>
<u>08 / 19 / 10</u>	\$ <u>38.52</u>	<u>Breakfast</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Black Eagle Wine

ADDRESS (Business Address Acceptable)  
1818 L Street, #713, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Latino Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 08 / 10</u>	\$ <u>65.00</u>	<u>2 bottles of wine</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Mark Twain Club

ADDRESS (Business Address Acceptable)  
POB 6255 Whittier, CA 90609

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 10</u>	\$ <u>85.00</u>	<u>X-Mas Gift Basket</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

Comments: \_\_\_\_\_



# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Tony Mendoza</u>
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► NAME OF SOURCE  
Hawaiian Gardens Club  
 ADDRESS (Business Address Acceptable)  
11871 Carson Street, Hawaiian Gardens, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 28 / 10</u>	<u>\$ 189.00</u>	<u>2 - Basketball Tickets</u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

► NAME OF SOURCE  
John A. Perez for Assembly  
 ADDRESS (Business Address Acceptable)  
777 S. Figueroa Street, #4050, Los Angeles, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 10</u>	<u>\$ 110.00</u>	<u>Leather Portfolio</u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Tony Mendonça</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE <u>California Issues Forum</u>	
ADDRESS (Business Address Acceptable) <u>1717 I Street</u>	
CITY AND STATE <u>Sacramento, CA 95811</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>New Moderate Democrats</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>12 / 13 / 10</u> - <u>12 / 14 / 10</u> AMT: \$ <u>1,201.40</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Travel Lodging and food.</u>	

▶ NAME OF SOURCE <u>Governor's Cup Foundation</u>	
ADDRESS (Business Address Acceptable) <u>1415 L Street, #410</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Public Policy Research</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>07 / 23 / 10</u> - <u>07 / 25 / 10</u> AMT: \$ <u>1,390.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Hotel accomodations</u>	

▶ NAME OF SOURCE <u>Specialty Equipment Market Association</u>	
ADDRESS (Business Address Acceptable) <u>1317 F Street, NW #500</u>	
CITY AND STATE <u>Washington, D.C.</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Automotive source for research, data, etc.</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>11 / 02 / 10</u> - <u>11 / 03 / 10</u> AMT: \$ <u>330.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Hotel Accommodations</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: \_\_\_\_\_